

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	01607	9/6/00
O.I.P.E. CLASSIFIER		59	9/14
FORMALITY REVIEW	LZ	811	11/17/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/2/00
2	✓	✓	10/5/00
3	✓	✓	10/5/00
4	✓	✓	10/5/00
5	✓	✓	10/5/00
6	✓	✓	10/5/00
7	✓	✓	10/5/00
8	✓	✓	10/5/00
9	✓	✓	10/5/00
10	✓	✓	10/5/00
11	✓	✓	10/5/00
12	✓	✓	10/5/00
13	✓	✓	10/5/00
14	✓	✓	10/5/00
15	✓	✓	10/5/00
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25	✓	✓	10/5/00
26	✓	✓	10/5/00
27	✓	✓	10/5/00
28	✓	✓	10/5/00
29	✓	✓	10/5/00
30	✓	✓	10/5/00
31	✓	✓	10/5/00
32	✓	✓	10/5/00
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42	✓	✓	10/5/00
43	✓	✓	10/5/00
44	✓	✓	10/5/00
45	✓	✓	10/5/00
46	✓	✓	10/5/00
47	✓	✓	10/5/00
48	✓	✓	10/5/00
49	✓	✓	10/5/00
50	✓	✓	10/5/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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